

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180001142793)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: LEGALZOOM.COM INC. Account Name

Account Number : I20010000062 Phone

: (323)962-8600

Fax Number

: (323)962-3889

Enter the email address for this business entity to be used for future annual report mailings. Enter only onememail address please.

		٠,	
			٠,
Email	Address:	,-	,
		7	3

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PRISTINE CORALS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

വ

÷

FAX COVER SHEET

18506176383
Meghan Smith
4/11/2018 6:57:52 AM PDT
(((H18000114279 3))) Amendment - LZ Order #526181618

COVER MESSAGE

This email and any attachments to it may be confidential. If this email was sont to you in error, please notify me immediately by replying to this email, and please do not use, distribute, retain, print, or copy the email or any of its attachments. LegalZoom is not a law firm and provides self-help services at your specific direction. LegalZoom is located at 9900 Spectrum Drive, Austin, TX 78717

PROGRAMME STATE OF THE STATE OF

 αm

IN APRILL A 9-53

WWW.EFAX.COM

33.574

COVER LETTER

	sistration Sec dision of Corp						
SUBJECT:	PRISTINE	CORALS, LLC		. •			
somuci.		Name of Limit	led Liability Company	M) - 10			
The enclosed	I Articles of A	mendment and fee(s) are subn	nitted for filing.				
Please return	all correspon	dence concerning this matter to	o the following:				
		Cheyenne Moseley					
		**************************************	Name of Person				
		Legalzoom.com, Inc.		•			
			Firm/Company	1941			
		101 N. Brand Blvd., 11th		•			
		1	Address		···		
		Glendale, CA 91203		į			
			City/State and Zip Co	ođe			
		j.sirado@gmail.com					
		E-mail address: (to	be used for future ann	ual report notification)	=	5.9	
For further in	aformation cor	ncerning this matter, please cal	11:				
Cheyenne l	Moseley		800	773-0888 ext. 972	4		! •
	Name of	Person	Area Code	Daytime Teleph	ione Number (20)	= [T] > [T]	1
Enclosed is a	check for the	following amount:				ر م	ř
□ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	© \$55.00 Filing For Certified Copy (additional copy is	<i>t</i>	\$60.00 Filing F Certificate of Certified Copy (additional copy i	Statuts' &	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tailahassee, FL 32301

341 6

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRISTINE CORALS, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 03/15/2018 and assigned Florida document number <u>L180</u>00067844 This amendment is submitted to amend the following: ij. A. If amending name, enter the new name of the limited liability company here: Pristine Rock, LLC The new name must be distinguishable and end with the words "Limited Liability Compuny," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name registered agent and/or the new registered office address here: <u>رائية المحامل المراجع المحامل المحامل</u> Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to ac. in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

Page 1 of 3

AMBR = A	Aanager Authorized M e mber	:	
Title	Name	Address	Type of Action
		17.00	
·-		<i>t ·</i>	Aug
			☐ Remove
			□ Add
			□ Remove
		7.00e/e3 (#155 - 201)	
		(CEX)	□ Add
			☐ Remove
			•
		£**	H D Add
			F**1, C20
			Réniove
			Rémiove
			TI CHARLES
···-			Sign Sign Add
		and the second second	Add

To:	Page	6	Ωf	æ
10.	raye	О	O.	0

4/11/2018 7:13:29 AM PDT

3239628300 From: Meghan Smith

1,17

			· · · · · · · · · · · · · · · · · · ·		_
					_
	<u> </u>				_
					
Effective	date, if other than the	date of filing:	•…	(optional)	
The effecti	ve date must be specific, canno	nt be prior to date of receipt or file		(optional) ore than 90 days after	
The effecti	date, if other than the ever date must be specific, cannot is document is filed by the Flo	nt be prior to date of receipt or file		(optional) ore than 90 days after	
The effecti the date th	ve date must be specific, canno	nt be prior to date of receipt or file		(optional) ore than 90 days after	
The effecti	ve date must be specific, cannot sis document is filed by the Flo	ot be prior to date of receipt or file rida Department of State)		(optional) ore than 90 days after	
The effecti the date th	ve date must be specific, canno is document is filed by the Flo April 9	nt be prior to date of receipt or file rida Department of State)	d date and cannot be m	ore than 90 days after	
The effecti the date th	ve date must be specific, canno is document is filed by the Flo April 9	ot be prior to date of receipt or file rida Department of State)	d date and cannot be m	ore than 90 days after	
(The effection the date the	ve date must be specific, canno is document is filed by the Flo April 9	nt be prior to date of receipt or file rida Department of State) 2018 Signature of a member or authority	d date and cannot be m	ore than 90 days after	

Page 3 of 3

Filing Fee: \$25.00

2010 APR II A 9: 53